
 <p>ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 511.01.1	Page 1 of 11
	Effective Date: June 15, 2003	
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Approved by: 		
Subject: MEDICAL FURLOUGHS		

- I. AUTHORITY: T.C.A. 4-3-603, T.C.A. 4-3-606, T.C.A. 40-35-501, T.C.A. 41-21-227.
- II. PURPOSE: To provide guidelines for the initiation, processing, and granting or denial of medical furloughs.
- III. APPLICATION: To Tennessee Department of Correction (TDOC) employees and inmates.
- IV. DEFINITIONS: Medical Furlough: A time-limited or indeterminate release from institutional custody to supervision by a probation/parole officer for medical reasons.
- V. POLICY: Medical furloughs may be granted by the commissioner on an individual basis to inmates meeting the legal criteria herein. Medical furloughs may be revoked at the commissioner's discretion.
- VI. PROCEDURES:
  - A. Medical furloughs apply to:
    1. Any inmate who, due to his or her medical condition, is in imminent peril of death. (See Section VI. (D) below.)
    2. Any inmate who can no longer take care of himself/herself in a prison environment due to severe physical/mental deterioration. The level of such deterioration must be irreversible, and render the inmate incapable of performing basic activities of daily living, immobile, or unable to think cognitively to the point where the inmate cannot pose a threat to the public.
  - B. Authorization of Medical Furlough:  
  
 Medical furloughs may be granted by the Commissioner of the TDOC, upon the recommendation of the TDOC Director of Health Services, accompanied by a notarized report of the institutional physician.
  - C. Initiation/Approval/Routing Process:
    1. Inmates, or their legal guardian/conservator or next of kin acting on their behalf, who believe that they or their ward or family member meet the medical criteria may request consideration by the institutional physician. If the institutional physician determines that an inmate meets the medical criteria for a medical furlough, he/she will advise the institutional health administrator. The health administrator or staff designee shall notify the inmate and assist in completing a Request for Medical Furlough, CR-2285. A notarized report from the attending physician and any supporting documents shall be attached. This request must include the following:

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- a. Name and number of inmate
- b. Date
- c. Profile of inmate (date of birth, gender, race, etc.)
- d. History of illness or condition (list diagnosis)
- e. Description of illness or condition at the time of application for medical furlough
- f. How continued incarceration will affect illness or condition
- g. Prognosis
- h. Release plans (include name and address of the physician who will be providing care during furlough)
- i. Recommendation for medical furlough.

An Authorization for Release of Health Care/Substance Abuse Treatment Information, CR-1885, signed by the inmate, guardian/conservator, or person having power of attorney for the inmate, authorizing his/her private physician to release medical information to the TDOC while on furlough must also be attached to the request. A CR-1885 is not required to share health information within TDOC.

2. The furlough request shall then be forwarded to the warden for security evaluation. The warden shall attach a separate sheet adding any pertinent remarks to the request and recommend approval or denial. The warden shall then forward the request to the TDOC Director of Health Services for evaluation.
3. During the recommendation/routing process, any special conditions of furlough may be introduced by noting such conditions on the Request for Medical Furlough, CR-2285.
4. The TDOC Director of Health Services and/or TDOC Medical Director shall review the medical furlough request for appropriateness and recommend approval or denial. The request shall then be forwarded to the State Director of Probation and Parole, at the Board of Probation and Parole (BOPP).
5. The TDOC Director of Health Services shall request that the Director of Probation and Parole:
  - a. Assign probation/parole staff to verify the furlough request with specific emphasis on proposed residence arrangements, family support, medical and financial arrangements, and social services resources. In addition, probation/parole staff will be requested to determine if there is community opposition by the victim(s), district attorney, chief law enforcement officer (both in county of proposed residence and in the county in which the offense was committed), or sentencing judge. The probation/parole staff will be authorized to provide information to the district attorney or chief law enforcement officer that fully explains the applicant's condition and prognosis. If there is any opposition to the furlough, the reason for the opposition should be clearly documented.
  - b. Return the CR-2285 (Request for Medical Furlough) to the Director of Health Services and indicate that the furlough information has been verified or is unverified, along with a summary of the field investigation. The substance of any opposition to the furlough should be clearly explained.

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6. The TDOC Director of Health Services shall forward all documents to the Assistant Commissioner of Operations for approval/denial and signature. The Assistant Commissioner of Operations shall then forward all documents to the commissioner or designee for final review, even if the request is denied at the Assistant Commissioner of Operations level.
7. The commissioner or designee will return the approved/denied request to the Director of Health Services.
  - a. If denied, the TDOC Director of Health Services shall notify the inmate in writing. Copies of the denied notification will be forwarded to:
    - (1) Warden
    - (2) Assistant Commissioner of Operations
    - (3) Institutional Health Administrator
    - (4) Director of Probation and Parole (BOPP)
  - b. If approved, written notification shall be prepared by the Director of Health Services and distributed as follows:
    - (1) Original: Warden
    - (2) Copies:
      - (a) Director of Probation and Parole (BOPP)
      - (b) Chairman, Select Oversight Committee on Corrections
      - (c) Assistant Commissioner of Operations
      - (d) Inmate
      - (e) MIS Operational Support Services File
      - (f) Institutional Records Office
      - (g) Tennessee Bureau of Investigation, if the inmate is a sex offender.  
(See Policy #511.03.)
8. The institutional records office shall check TOMIS conversation LPDD (Interested Party/Comments) when an inmate is placed on medical furlough and will notify all appropriate persons, including the Director of Probation and Parole, of the effective furlough date. The institutional records office will send written notice to the sheriff in whose jurisdiction the furloughed inmate was convicted and where the inmate intends to reside, with copies to the chief of police (where applicable) and district attorneys general at each location. The institution records office will also notify the victim coordinator in the jurisdiction where the crime(s) occurred. Copies of all such notifications will be placed in the inmate's institutional file.
9. The Director of Health Services or designee shall maintain a log of all medical furloughs that are approved or denied.
10. Once the commissioner denies a medical furlough, it is a final decision. A medical furlough shall not be resubmitted unless there is a significant change of circumstances that was not part of the original furlough request.

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D. Medical Furlough for Imminent Peril of Death or Severe Physical Deterioration:

1. A medical furlough may be granted for an indeterminate period of time to inmates who, due to their medical/mental condition are:
  - a. In imminent peril of death, and/or
  - b. Unable to care for themselves in a prison environment due to severe physical or mental deterioration (as defined in VI.(A)(2), above).
2. Medical furloughs may be granted to those inmates in imminent peril of death to permit the inmate to be with family members and have the dignity of dying outside of prison. Each case shall be considered on an individual basis and strong consideration shall be given to cases with terminal illnesses or conditions considered likely to result in death within six (6) months of release.
3. Inmates having severe physical or mental conditions who are no longer able to take care of themselves in the prison environment (as described in VI.(A)(2), above) may be granted a medical furlough for an indeterminate period of time. Such furloughs are normally considered for inmates who will require nursing home, hospital, or institutional care for an extended period of time.
4. If, according to the private physician's (the physician verified by BOPP on the release plan) report, the inmate's condition has improved considerably during the furlough, such that the conditions of imminent peril of death or severe physical or mental deterioration no longer exist, the commissioner may order the return of the inmate to the physical custody of the TDOC.

E. Medical Furlough Privilege:

1. Medical furloughs are a privilege and are to be considered as such. The commissioner is empowered to grant such furloughs subject to reasonable conditions. Medical furloughs shall normally not be granted to inmates when medical conditions have deteriorated due in part or wholly as a result of refusal of medical care.
2. The department shall not be responsible for any expenses, medical or otherwise, incurred by the inmate while on medical furlough. All such expenses shall be the responsibility of the inmate. The inmate's signature, or the signature of the inmate's guardian/conservator, releasing the department from financial or other liability during the furlough, must be included on the conditions of furlough statement.

F. Furlough Supervision:

1. After a medical furlough has been approved and prior to the release of the inmate, the Statement of Conditions Under Which Medical Furlough is Granted, Page 2 of CR-2285, shall be signed by the inmate or conservator (if the inmate is unable to sign for himself/herself). Prior to obtaining the inmate's/conservator's signature on these conditions, the institutional counselor shall verbally advise the inmate/conservator of the conditions of the furlough. After CR-2285 is signed and witnessed, copies shall be distributed as follows:

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- a. Original: Institutional Records File
  - b. Copies:
    - (1) Inmate/conservator
    - (2) Director of Probation and Parole (BOPP)
    - (3) MIS Operational Support Services File
2. The Director of Probation and Parole will be requested to assign staff to:
  - a. Supervise the inmate while he/she is on medical furlough.
  - b. Insure that the Statement of Conditions (CR-2285) is placed in the client's file and the case is added to the statistical report.
  - c. Establish a supervision level and explain the written monthly reporting procedures.
  - d. Establish a reporting schedule including time and place of future reporting.
  - e. Furnish the inmate/conservator the names and phone numbers of the supervisory district and regional probation/parole officials with instructions that if the probation/parole officer cannot be contacted, the officer's supervisor may be contacted.
  - f. Explain to the inmate/conservator that the probation/parole officer will visit the inmate on a monthly basis and submit a written report of his/her present medical status to the director and immediate supervisor.
  - g. Explain to the inmate/conservator that the probation/parole officer will periodically contact the inmate's physician to monitor the medical condition on which the furlough is granted (release of information authorized by the inmate).
  - h. Explain to the inmate/conservator that the inmate is required to pay supervision fees in accordance with TCA 40-28-201.
  - i. Discuss thoroughly with the inmate/conservator the conditions of the furlough. It is imperative that the inmate/conservator have a clear understanding of his/her responsibilities during the medical furlough period.
3. If the inmate becomes eligible for parole during furlough, the releasing institution shall notify the BOPP, through the institutional parole officer, of the inmate's medical furlough and determine from the board where the hearing is to be scheduled. The institution shall notify the inmate and his/her probation officer of the relevant details. If parole is granted, the parole certificate will be issued through the institution and the inmate will transfer from furlough status to probation/parole supervision.

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4. Under the conditions of furlough, the inmate is not allowed to move permanently from the legal address to which he/she was released without the prior written approval from the Commissioner of Correction/designee. This will not preclude an offender being moved to a hospital or nursing home. This would be considered a temporary emergency move, which would then be investigated and approved if it were later to become permanent. Also, this information is to be sent to the State Director of Probation and Parole/designee and documented on LCDG.
5. If, at any time, the probation/parole officer has reason to believe that the inmate has been arrested or violated the conditions of his/her furlough, that the furlough is not being used for the purpose granted, that the inmate no longer qualifies for the furlough granted, or that the inmate's continued presence in the community poses a threat to the inmate, to a member of the community, to the community as a whole, or to the department's furlough program, the probation/parole officer shall prepare a written report and submit this report to his/her supervisor for approval. The supervisor shall review the report for approval and immediately notify the Director of Probation and Parole via telephone, as well as forward a hard copy by fax to the Director of Probation and Parole as a follow up. The Director of Probation and Parole will immediately notify the Commissioner of Correction, giving full details of the violation. If the commissioner is of the opinion that immediate action is required, then the following steps are to be taken.
  - a. The Assistant Commissioner of Operations shall notify the warden of the TDOC institution closest to the inmate's location of the situation.
  - b. The Assistant Commissioner of Operations shall complete an "Order of Revocation of Medical Furlough and Return to Prison" (CR-3565), and fill out all necessary information. The Assistant Commissioner will then have the commissioner sign the "Order of Revocation" and shall fax it to the warden of the institution that will be responsible for taking the inmate into custody.
  - c. The warden shall contact local law enforcement authorities and request their assistance in taking the inmate into custody. A copy of the "Order of Revocation" will be provided to the agency or agencies that assist institutional personnel.
  - d. Designated institutional personnel will accompany local law enforcement to pick up the inmate and return him/her to the TDOC institution.
  - e. The inmate will be housed in the nearest TDOC institution until he/she is returned to the releasing institution or to other appropriate housing.
6. The Assistant Commissioner of Operations shall request that the Director of Probation and Parole provide a monthly report indicating the status of each inmate on furlough.

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7. The Assistant Commissioner of Operations shall request that the Director of Probation and Parole notify the TDOC immediately of the death of any inmate on medical furlough, to include a written report detailing date, place and time of death, along with any known circumstances. The institution which furloughed the inmate shall secure a copy of the death certificate to be placed in the inmate's health file.

G. Furlough Revocation/Modification:

1. When an inmate has been returned to an institution pursuant to the commissioner's order, the commissioner shall designate a person or persons to conduct a due process hearing.
  - a. Such designee(s) shall ensure that the inmate receives a copy of the order at least 24 hours before the hearing. A copy of the order signed by the inmate shall be maintained as evidence of the notification. If the inmate has an appointed guardian or a conservator, the legal guardian or conservator shall also be notified 24 hours before the hearing.
  - b. The hearing shall be conducted by the designee(s) within seven (7) days of the inmate's return to the institution.
  - c. The inmate shall be entitled to assistance from an inmate advisor.
  - d. The inmate shall be permitted to appear and testify before the designee(s), unless the inmate is disorderly (i.e., preventing orderly conduct of the hearing). The inmate shall be permitted to present at least one witness in his/her behalf and additional witnesses may be presented at the discretion of the designee(s). The personal appearance of any witness may be prohibited for security reasons, but a written statement shall be accepted instead.
  - e. If an inmate has an appointed legal guardian or a conservator, that individual may represent the inmate at the due process hearing.
  - f. The commissioner, at his/her discretion, may personally appear before the designee(s) or provide a written summary of the information upon which he/she relied if the order does not provide complete information. The testimony of the commissioner, or any other witness, may be taken in a closed session, in whole or part, where the testimony could reasonably reveal the source of confidential information. Likewise, written statements containing confidential information may be considered without making the statement available to the inmate or inmate advisor.
  - g. After conducting the hearing, the designee(s) shall submit a report and recommendation to the commissioner within three (3) working days. Such report shall include a summary of relevant testimony and evidence received, a recommendation as to whether the furlough should be revoked or modified, and the reasons therefore.

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h. Within three (3) working days of receipt of the report and recommendation, the commissioner shall decide whether there is substantial (even if subjective) reason(s) to believe that the furlough should be revoked or modified for the reasons stated in his order. His/her decision shall be reduced to writing and a copy transmitted to the inmate in a timely manner. This decision shall be final.

2. When a furlough is revoked and the inmate returned to the institution, the inmate shall receive a medical screening in accordance with Policies #113.20, #113.23, and #113.44.

H. Failure to Return:

The commissioner may order that an inmate be taken immediately into custody at any time. All furloughs may include the condition that the inmate shall to return to an institution at a designated time. Should the inmate fail to return as directed, escape procedures will be implemented in accordance with Policy #506.12.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: June 15, 2006.

**DATE**

**OFFENDER ADDRESS**

**SUBJECT:     ORDER OF REVOCATION OF MEDICAL FURLOUGH AND RETURN TO PRISON**

Dear Mr. (Ms.) INMATE NAME:

On (DATE OF FURLOUGH APPROVAL), this office, pursuant to Department of Correction Policy #511.01.01 and Tennessee Code Annotated §41-21-227, approved your release on medical furlough from (NAME OF INSTITUTION). Your medical furlough release was granted only upon your agreement, confirmed by your signature, that you would comply with specific listed conditions of furlough. You were further notified in writing and agreed, by your signature on the furlough document, that your failure to comply with such conditions of furlough could result in immediate revocation of your furlough by order of the Commissioner of the Department of Correction.

Information has been provided to this office and confirmed that you have failed to comply with the following agreed condition(s) of the medical furlough which you signed on (DATE OF INMATE SIGNATURE):

1.     **CONDITION # \_\_\_\_\_, (CONDITION VIOLATED)**
2.     (If necessary)

**THEREFORE, BY THE AUTHORITY GRANTED TO THIS OFFICE BY T.C.A. §41-21-227 (i) (3)**, it is hereby **ORDERED** that the medical furlough which was granted to you on (DATE OF FURLOUGH) is hereby **REVOKED**. You are **ORDERED** to **IMMEDIATELY RETURN** to (NAME OF INSTITUTION) to commence service of your sentence. Your Probation Officer will be in contact with you to coordinate your return to prison. If you fail or refuse to return to prison as ordered within 24 hours of receipt of this notice, the Department of Correction **will institute escape procedures** concerning furloughs as provided for in accordance with Department of Correction Policy #506.12.

Sincerely,

Quenton I. White  
Commissioner

pc:     (Board of Probation and Parole)



TENNESSEE DEPARTMENT OF CORRECTION

AUTHORIZATION FOR RELEASE OF HEALTH CARE/SUBSTANCE ABUSE TREATMENT INFORMATION

INSTITUTION \_\_\_\_\_

Inmate Name \_\_\_\_\_ TDOC Number \_\_\_\_\_ Sex \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Inmate's Name) (Name of specific person, including title, or organization)

to release to \_\_\_\_\_

(Name of specific person, including title, or organization)

health care/substance abuse treatment records or information concerning my treatment for the following purpose:

I, the undersigned, authorize release of information covering services from \_\_\_\_\_ to \_\_\_\_\_

Specific Information Requested (*Check all that apply*):

_____ Physical Health Records (specify type): _____ _____	_____ Other (Specify type): _____ _____
_____ Psychiatric Records	_____ Psychological Records
_____ Mental Health Program Records	_____ Alcohol and Other Substance Abuse Records*
_____ Results of any testing/treatment for HIV-positive antibodies/acquired immune deficiency syndrome/sexually transmitted disease(s)	

I understand that there will be a reasonable fee charged for these copies according to Tennessee law.

**Expiration date:** This authorization expires six months from the date of signature below and covers information only prior to that date. I understand that I may withdraw this consent at any time. I also understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my right to confidentiality. I also understand that the information released cannot be redisclosed by person(s), institution(s), named above unless I specifically authorize such a release in writing.

\*I also understand that any disclosure of records concerning diagnosis and/or treatment of alcohol and/or drug abuse is covered by Title 42 CFR, and if there is any such information, I **do** \_\_\_\_; I **do not** \_\_\_\_ authorize the release of information.

I hereby release the provider or facility releasing this information upon my authorization from any liability:

\_\_\_\_\_  
(Inmate or person legally authorized to consent for minor or for person unable to sign)

\_\_\_\_\_  
(Relationship to Inmate)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Authorization must be signed by the inmate. If the inmate is under 18 years of age or is not legally competent or is unable to sign, the parent or designated conservator must provide authorization.

**NOTICE TO PERSON OR AGENCY RECEIVING THIS INFORMATION:** This information has been disclosed to you from records for which confidentiality is protected (Title 42 CFR Part 2). Laws and regulations prohibit you from making further disclosure of it without the specific consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. (Title 42 CFR Part 2 pertains specifically to substance abuse treatment information.)



**TENNESSEE DEPARTMENT OF CORRECTION  
HEALTH SERVICES  
REQUEST FOR MEDICAL FURLOUGH**

\_\_\_\_\_  
**INSTITUTION**

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

Date of Requested Furlough: (FROM) \_\_\_\_\_ (TO) \_\_\_\_\_

**REASON FOR APPLICATION**

Attach a notarized statement from the attending department physician which describes and documents the medical condition(s) on which the application is based (as outlined in Policy #511.01.1 or Policy #9511.01.1). An Authorization to Release Medical Information (CR-1885) must also be attached.

**RELEASE PLANS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(Where inmate will reside) Street, City, County

Attending Physician – Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City County

Other Arrangements: \_\_\_\_\_

**ACTIONS/RECOMMENDATIONS**

Warden:

Recommend Approval _____	Denial _____	_____	_____
		Signature	Date

Director of Health Services:

Recommend Approval _____	Denial _____	_____	_____
		Signature	Date

Director of Probation and Parole (BOPP):

Recommend Approval _____	Denial _____	_____	_____
		Signature	Date

Assistant Commissioner of Operations:

Recommend Approval _____	Denial _____	_____	_____
		Signature	Date

Comments: \_\_\_\_\_

Special Conditions of Furlough: \_\_\_\_\_

Based on my review of this Request for Medical Furlough, I grant ☐ deny ☐ such within the provisions of TCA 41-21-227 and Policy #511.01.1 or Policy #9511.01.1.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commissioner's Signature

STATEMENT OF THE CONDITIONS UNDER WHICH MEDICAL FURLOUGH IS GRANTED

This Furlough Certificate will not become operative until the following conditions are agreed to by the inmate and violation of any of these conditions may result in immediate revocation.

1. I will proceed directly to my destination upon release and I will report to the Probation/Parole Officer assigned to supervise my case.

Probation/Parole Officer: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

2. I will not change my residence or leave the county of my residence or the state without the prior written approval of my Probation/Parole Officer.
3. I will not use intoxicants nor use narcotic drugs unlawfully, nor visit places where intoxicants or drugs are unlawfully sold or dispensed.
4. I agree to authorize the release of medical information by my physician or other health care providers to the Probation/Parole Officer and/or department employees for purposes of monitoring the medical condition on which this furlough is granted.
5. I will obey the laws of the United States, the State and Municipal Ordinances.
6. I will not own or possess or carry any type of deadly weapon (guns, rifles, knives or any illegal weapons).
7. I will avoid injurious habits and will not associate with persons of bad reputations or harmful character.
8. I will at all times conduct myself honorably to the best of my ability.
9. I hereby waive all extradition rights and process and agree to return to Tennessee if at any time during my furlough I leave the State of Tennessee.
10. I will promptly and truthfully answer all inquiries directed to me by local enforcement agencies and departmental employees including Probation/Parole Officers.
11. I will allow my Probation/Parole Officer to visit my home or elsewhere, and will carry out all instructions he/she gives.
12. I will not marry during my furloughs unless given special permission by the Commissioner of Correction.
13. I will not operate a motor vehicle unless I have a valid Tennessee Driver's license.
14. I agree to assume responsibility for all medical and health care expensed incurred by me while on furlough.
15. I understand and agree that the Commissioner may, at any time, order my return to a D.O.C. institution.
16. I understand and agree that the Commissioner may, at any time, revoke or modify the condition of my medical furlough.
17. Special Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Furlough beginning, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_ facility on the  
Month Day Year  
above date or at any time as directed by my Probation/Parole Officer.

\_\_\_\_\_  
Signature of Inmate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness, Position Title

\_\_\_\_\_  
Date



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POLICY CHANGE NOTICE 04-78

INSTRUCTIONS:

Please change Section VI. (C)(7)(b)(2)(b) to read as follows:

“b. Executive Director, Select Oversight committee on Corrections.”

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POLICY CHANGE NOTICE 04-10

INSTRUCTIONS:

Please change Section III. to read as follows:

“III. APPLICATION: To Tennessee Department of Correction (TDOC) employees, inmates and privately managed facilities.”

Please change Section IV. to read as follows:

“IV. DEFINITIONS:

- A. Medical Furlough: A time-limited or indeterminate release from institutional custody to supervision by a probation/parole officer for medical reasons.
- B. Commissioner’s Designee (CD): TDOC employee(s) authorized by the commissioner to serve as the approving authority for specific actions occurring at privately managed facilities. When the CD is not on-site, the TDOC contract monitor (CM) is authorized to approve these actions. For the purpose of this policy, when the CD/CM is not immediately available for prior approval or notification and can not be reached by telephone, the shift supervisor at the TDOC institution designated by the commissioner for this purpose shall assume this role.”

Please add the following to Section VI. (C)(7)(a):

“(5) Commissioner’s designee at privately managed facilities.”

Please add the following to Section VI. (C)(7)(b)(2):

“(h) Commissioner’s designee at privately managed facilities.”

Please add the following as the last sentence in Section VI. (F)(5)(b):

“(b) A copy of the “Order of Revocation” shall also be forwarded to the Commissioner’s Designee at privately managed facilities.”